

<b>Case Number:</b>	CM14-0068509		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old man with a date of injury of 9/9/13. Per the primary treating physician report dated 4/25/14, the injured worker complaints of low back pain with radicular symptoms into his legs and difficulty with prolonged sitting, standing or walking. His physical examination showed lumbar spine range of motion with flexion to 50 degrees, lateral bending 20 - 120 degrees with tightness and spasm in the lumbar paraspinal musculature. The bilateral straight leg raises was positive. His diagnoses included lumbosacral disc degeneration, and sprains of neck, shoulder and arm. The issue in this review is the request for lab work - quantitative chromatography.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lab Work: Chromotography Quantitative (42 units): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 43, 77, 78 Page(s): 43, 77, 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: testing for drugs of abuse.

**Decision rationale:** This injured worker has a history of chronic pain since 2013. Chromatography is a very sensitive and specific means to drugs or metabolites. However, it is usually not a methodology used for initial drugs of abuse testing. Urine drug screening is used more commonly and may be used at the initiation of opioid use for pain management. In addition, in those individuals with issues of abuse, addiction or poor pain controls. In the case of this injured worker, the records fail to document any issues of abuse, addiction or the medical necessity of a chromatology quantitative lab as a drug screen. As such, this request is not medically necessary.